## FEB 16 2007

Based on PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
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PE	TITION FOR EXTENSION OF TIME UND	Docket Number (Op	Docket Number (Optional) 15-046		
Application Number 10/784,199			Filed 24 Februa	Filed 24 February 2004	
For POWER SUPPLY DEVICE HAVING OVERVOLTAGE PREVENTING FUNCTION					
Art Unit 2836			Examiner KITO	Examiner KITOV, Zeev V.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
	X One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$ 120.00	Small Entity Fee \$ 60.00	\$ <u>120.00</u>	
	Two months (37 CFR 1.17(a)(2))	\$ 450.00	\$ 225.00	\$	
-	Three months (37 CFR 1.17(a)(3))	\$ 1,020.00	\$ 510.00	\$	
	Four months (37 CFR 1.17(a)(4))	\$ 1,590.00	\$ 795.00	\$	
	Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$ 1,080.00	\$	
Applicant claims small entity status. See 37 CFR 1.27.					
	A check in the amount of the fee is enclosed.				
	ryment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				ccount.	
X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment,					
to Deposit Account Number 50-1147 . I have enclosed a duplicate copy of this sheet.					
WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.					
I am the applicant/inventor.					
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
	X attorney or agent of record. Registration Number 37,271				
	attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34				
Bin Calt					
	Signature		16 February 2007  Date		
	Brian C. Altmiller (Re	(703) 707-	(703) 707-9110		
Typed or printed name			Telephone	Telephone Number - 5	
NOTE: Signatures of all the Inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Total offorms are submitted.					

This collection of information is required by 37 CFR 1.138(a). The information is required to obtain or ratein a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the complete distribution form to the USPTO. Time will vary depending upon the individual case. Any comments on the smouth of time you require to complete this form and/or 122313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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